

CHEMICAL DEPENDENCY AND HEALTH CARE PROFESSIONALS

RESOURCE GUIDE

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Department of Health and Human Services Regulation and Licensure
Credentialing Division
Nebraska State Office Building
301 Centennial Mall South – Third Floor
P.O. Box 94986
Lincoln, NE 68509-4986

2005

TABLE OF CONTENTS

Introduction.....	1
Definitions.....	1
Understanding Chemical Dependency	
Etiology.....	2
Incidence.....	3
Physical & Behavioral Indicators of Chemical Dependency.....	4-8
Reasons why Peers, Supervisors, Employers Don't Identify the Chemically Dependent Health Care Professional.....	9
Intervention	
Barriers to Intervention.....	10
Basic Principles to Intervention.....	10
Licensee Assistance Program.....	11
Treatment/Educational Options.....	11
Return to Work	
Guidelines.....	12
Sample Return to Work Agreement.....	13
NE Licensee Assistance Program Monitoring Agreement.....	14
Relapse Prevention Issues.....	16
Mandatory Reporting.....	17
Community Support Contacts.....	18
References.....	18

Nebraska Department of Health and Human Services Regulation & Licensure
Credentialing Division
PO Box 94986
Lincoln, NE 68509-4986
(402) 471-2115

INTRODUCTION:

This resource guide was developed by the Credentialing Division of Nebraska Department of Health and Human Services Regulation and Licensure and the Nebraska Licensee Assistance Program (NE LAP) for the purpose of providing information about the disease of chemical dependency and health care professionals. The guide provides information on how to recognize the signs and symptoms of the disease of chemical dependency, steps on how to intervene, recovery, relapse prevention and return-to-work considerations.

The information presented in this guide is intended to be an educational tool and is not mandated as regulation by the Nebraska Department of Health and Human Services Regulation and Licensure.

DEFINITIONS:

Substance Use: A reasonable ingestion of a mood-altering chemical substance or drug, for a clearly defined beneficial purpose, that is regulated by that purpose.

Substance Misuse: An unreasonable ingestion of a mood-altering substance that is potentially harmful to the drug mis-user or others, not for a well-defined beneficial purpose and is a random act.

Substance Abuse: Unreasonable ingestion of a mood-altering substance that causes harm or injury to the abuser.

Chemical Dependency: Impulsive ingestion of a mood-altering substance, not by reason or choice, unhealthy need or sick relationship.

Intervention: Helping a person, who is in denial as a result of their chemical dependency, recognize their need for help and treatment.

Enabling: The reactions or behaviors of family members, friends or co-workers that shield the chemically dependent person from the harmful consequences of their alcohol and/or drug use.

UNDERSTANDING CHEMICAL DEPENDENCY:

Etiology

Research suggests that some of the population is most likely genetically predisposed to become chemically dependant. One theory indicates that the brain chemistry of people identified as being chemically dependent does not produce enough dopamine and serotonin. When the person is introduced to alcohol/other drug use, they report feeling normal for the first time. These outside stimulants take the place of brain chemicals that might be depleted or lower than normal.

There are also several factors in the environment, which contribute to a person becoming chemically dependent. Availability and accessibility of mood altering chemicals are two strong environmental factors.

The psychological factor focuses on a person's psychological needs. The person uses alcohol/other drugs to fill emotional voids, such as sadness, loneliness and depression.

There is no reliable way to predict who will become chemically dependent. There is no typical personality, no set of physical attributes, just as there are no health care professionals that are immune to the disease.

Individuals don't necessarily become addicted to a certain drug. However, they can become addicted to the feeling it produces and will seek out the same or similar drugs to get the same feeling.

Chemical dependency is a primary disease. It has specific symptoms and is not to be confused with stress, poor relationships, or unmanageable work demands.

Chemical dependency is progressive. If left untreated, the symptoms of the disease worsen. Often, when persons are not assertive with a chemically dependent person, the situation becomes more severe.

Chemical dependency is chronic and it cannot be cured. Similar to many other diseases, the symptoms of chemical dependency can be arrested, but without significant lifestyle changes and continued maintenance, the symptoms will reoccur.

Chemical dependency can be fatal. Many accidental overdoses, deaths and suicides involve an individual who is chemically dependent. Additionally, long-term use of chemicals can affect certain body systems/organs and lead to eventual failure and death.

Incidence

Alcohol and drug abuse/dependence affects a significant number of health professionals. Limited data is available on the rates of incidence because substance abusing health care professionals rarely report substance abuse/dependence for fear of disciplinary action against their license to practice. Employers fail to recognize signs and symptoms of the disease, making it difficult to gather accurate statistics. Available literature on the subject offers estimates of health care professionals afflicted with the disease, approximately between 10% to 15%.

Health care professionals are at particular risk for chemical abuse/dependency for many reasons. Exposure and accessibility to mood-altering medications, pharmacological knowledge of the drugs which fosters a false sense of control and a tendency to self-treat or self-medicate are a few contributing factors. Drugs are the tools used by health care professionals to treat and help their patients. They prescribe, administer and dispense medications every day. Practitioners begin to feel omnipotent in dealing with medications.

When health care professionals find themselves in need of relief from pain and emotional stress, they may find themselves self-prescribing, borrowing a medication from a patient or from the stock supply. If health care professionals do not suffer any negative consequences in self-medicating, they may find themselves doing it on a regular basis. At the time of self-medicating, the health care professional convinces himself/herself, it's "only going to happen once."

Many health care professionals, however, do not receive the appropriate intervention and treatment needed due to the lack of proper identification of a dependency problem. Data gathered from reporting state agency disciplinary action reports show that a majority of license revocations are related to alcohol/other drug use.

Physical and Behavioral Indicators of Chemical Dependency:

There is no single indicator for a diagnosis of chemical dependency. If an indicator is present, then others are usually present also.

Personal

- Deteriorating personal hygiene
- Multiple physical complaints
- Accidents
- Personality and behavioral changes
- Many prescriptions for self and family
- Emotional crises

Home and Family

- Behavior excused by family and friends
- Drinking activities are a priority
- Arguments/violent outbursts
- Sexual problems
- Extramarital affairs
- Withdrawal from family and fragmentation of family
- Neglect of children
- Abnormal, illegal, anti-social actions of children
- Separation or divorce
- Unexplained absences from home

Medical/Physical

- Observable decline in physical health
- Weight changes
- Pupils either dilated or constricted; face flushed/bloated
- Emergency-room treatments: overdose, cellulitis, gastrointestinal problems, systematic infections, unexplained injuries, migraine headaches, auto accidents, claims of having been “mugged” but without witnesses
- Inability to focus and track in a conversation
- Shakiness, tremors of hands
- Slurred Speech
- Unsteady gait
- Runny nose
- Nausea, vomiting, diarrhea

Friends and Community

- Personal isolation
- Embarrassing behavior
- Driving while intoxicated
- Legal problems
- Neglect of social commitments
- Unpredictable behavior such as inappropriate spending

Office/Health Care Practice Setting

- Workaholic behavior
- Disorganized schedule
- Unreasonable behavior
- Inaccessibility to patients and staff
- Frequent trips to the bathroom or other unexplained absences
- Decreased workload or workload intolerance
- Excessive drug prescriptions and supply
- Excessive ordering of drug supply
- Frequent complaints by patients regarding behavior such as altercations with patients/clients
- Prolonged lunch breaks
- Alcohol on breath
- Frequent absences or illness
- Sporadic punctuality

Office/Health Care Practice Setting (continued)

- Unsatisfactory work/chart performances
- Withdrawal from professional committees or organizations
- Defensive if questioned or confronted
- Less creativity; coasting on reputation from previous work
- Observed poor judgement
- Short absences from the work setting with inadequate or elaborate explanations offered
- Alcohol on breath with attempts to cover with mints, mouthwash
- Observed occurrences of intoxication, drowsiness, hypersensitivity during work hours
- Deadlines barely met or missed altogether
- Illogical or sloppy documentation in regards to accountability of controlled substances
- Increased interest in patient pain control
- Patient complaints of ineffective pain medications
- Discrepancies in treatment orders, progress notes and medication records
- Frequent incorrect medication/narcotics count
- Appearing at the workplace on days off

Other Professional Problems

- Frequent job changes or relocation
- Impatience for state licensure by endorsement prior to verification of credentials
- Unusual medical history
- Vague letters of reference
- Inappropriate qualifications
- Deterioration of relationship with patients/clients
- Increasing malpractice incidents
- Licensure issues

The most critical component in identification of chemical dependency is to know the performance baseline from which a person has normally functioned. Negative behaviors and practice that clearly move away from the individual's performance baseline are common indicators of chemical dependency. Health care professionals struggle to maintain their professional standards but continue functioning for a long time in spite of their active addictions before they reach a point of deterioration that is impossible to ignore.

Reasons why Peers, Supervisors, Employers Don't Identify the Chemically Dependent Health Care Professional

- Uncertainty or disbelief about signs and symptoms
- Reluctance or refusal to identify signs and symptoms
- Hoping that “things will get better”
- The possibility that legal sanctions might be applied
- Involvement with a chemically dependent colleague involves risk
- Enabling behavior
 - a. Ignoring
 - b. Covering up the consequences
 - c. Trying to protect
 - d. Making excuses
 - e. Doing the job for the affected health care professional

INTERVENTION:

Barriers to Intervention

Many health care professionals lack the understanding of their role in identifying signs and symptoms that indicate a co-worker or peer may have a problem related to alcohol/other drug use. Fear among supervisors and colleagues is the number one barrier to identification of signs and symptoms of alcohol/other drug dependence. A fear to intervene occurs when thoughts of “what if?”, “what if I’m wrong?” and “what if he/she denies it?” surface. Supervisors and colleagues often disregard signs and symptoms because of their misconception that they must be able to prove alcohol/other drug dependency prior to an intervention. The goal of intervention isn’t to diagnose alcohol/other drug dependency, but to make sure a problem is recognized before anyone is harmed.

Basic Principles of Intervention

Report unmistakable signs of chemical impairment immediately to supervisor/administrator

- Document specific observations including date, time and place of observation
- Become familiar with the health care professional’s performance baseline
- Become familiar with the workplace policy on intervention reporting
- Do not discuss suspicions with other co-workers

Licensee Assistance Program

Once identification of potential problem occurs, contact the Nebraska Licensee Assistance Program (NE LAP) provided by the Best Care Employee Assistance Program for further guidance and assistance in data collection. The NE LAP will provide assistance in conducting an intervention. The NE LAP is an assessment, education, referral, case management, and monitoring service designed to help licensees, certificate holders, and registrants of the State of Nebraska work through substance abuse/addiction problems.

NE LAP office hours are Monday through Thursday, 8:00 a.m. to 8:00 p.m.; Friday 8:00 a.m. to 4:30 p.m.; and Saturday, 8:30 a.m. to 1:00 p.m. A 24-hour answering service is available. The NE LAP can be contacted at (402) 354-8055 or (800) 851-2336.

Treatment/Educational Options

There are four types of treatment available for someone who is chemically dependent.

Inpatient/Residential Treatment: This type of treatment usually consists of a minimum inpatient stay of at least 28 days. The individual receiving inpatient treatment is removed from the availability of alcohol/other drugs and daily outside distractions. This setting gives the individual the needed time to focus on the task of understanding and accepting the disease of chemical dependency and working on their recovery.

Outpatient Treatment: This type of treatment offers more flexibility and provides less disruption to the individual's everyday life than inpatient treatment. The individual receives treatment on a regular basis as established by the treatment provider. Those receiving treatment are able to remain living in their home environment and may also be allowed to continue to work while receiving treatment.

Extended Treatment: This type of treatment usually is recommended at the conclusion of a 28-day program. This treatment option is very structured and can range in length anywhere from two months to two years. During the period of extended treatment and rehabilitation, the individual may move into a halfway house and obtain employment prior to completion of the program.

Aftercare: This type of treatment is a vital extension of the primary treatment program ranging from one to two years in length. Aftercare usually involves individual weekly group meetings and may also include individual sessions with a treatment provider.

Twelve-Step Meetings: Alcoholics Anonymous (A.A.) and Narcotics Anonymous (N.A.) are self-help recovery groups and are an integral part of maintaining sobriety. A minimum of two meetings per week are required with documentation.

RETURN TO WORK:

Guidelines

A health care professional that has received treatment or is in a structured treatment program for chemical dependency should return to work only under a monitoring plan that includes an agreement or contract. The NE LAP can assist in setting up a work site monitoring plan and coordinate monitoring activities. Monitoring improves the prognosis of recovery and rebuilds trust in professional work relationships.

A monitoring plan should address the following:

1. Treatment expectations including submission of progress reports;
2. A recovery plan including expectations for aftercare and attendance at Twelve-Step self-help support group meetings and sponsorship;
3. Random body fluid screens (specifying who will be responsible for the cost of testing);
4. Contact with a peer assistance program;
5. Regular conferences with the monitoring coordinator;
6. Provision for re-evaluation and revision of the plan.

The monitoring plan needs to be individualized to the individual's profession, work setting and individual situation.

SAMPLE RETURN TO WORK AGREEMENT

This agreement is to clarify expectations regarding the return to work of

_____ for _____.
(health care professional) (employer)

This agreement shall be in effect from _____, 20____, to _____, 20____.

The contents of this agreement are mutually agreed upon and may be modified as agreed upon by both parties.

I agree to the following:

1. Abstain from the use of all alcohol/other drugs and mood altering substances. In the event that such medications may be needed as a part of my health care, I agree to notify my employer by providing evidence of a prescription from a licensed medical practitioner. Over-the-counter drugs must also be reported.
2. Abide by the monitoring agreement as set forth by the Nebraska Licensee Assistance Program.
3. Random body fluid screening at the discretion of my employer. Body fluid screens will be paid for by _____ (employee/employer).
4. Work a regular schedule, _____ hours as agreed to by both parties.
5. Not administer or have access to any controlled substances.

I have read the above agreement and agree to abide by the terms thereof. I understand that if I fail to conduct myself according to this agreement, I will be subject to disciplinary action, possibly to include termination.

(Signature: Employee)

(Date)

(Signature: Employer)

(Date)

(It may be necessary to modify this agreement to fit individual health care practitioner practice and work-site expectations.)

NEBRASKA LICENSEE ASSISTANCE PROGRAM MONITORING AGREEMENT

I understand participation in the Nebraska Licensee Assistance Program (NE LAP) is voluntary and during my participation, I agree to take personal responsibility for adherence to and completion of the following mutually agreed upon terms and conditions.

I, (Name of Participant), agree to participate in the Nebraska Licensee Assistance Program (NE LAP) monitoring program and to adhere to the rules and regulations set forth in this agreement. I understand that certain criteria must be met in order to successfully complete the NE LAP monitoring program and I agree to complete the following:

1. Abstain from all personal use or possession of controlled substances and all other prescription drugs unless prescribed or administered to me by a licensed practitioner for a diagnosed medical condition. Advise all treating physicians, dentists, and other licensed treating practitioners of my history of substance abuse/dependency, and of all medications I am currently taking at the time of treatment.

Request that the licensed practitioner send the NE LAP a letter reporting the medical reason for the use of any controlled substance and prescription drugs included in any treatment.

Report on a monthly basis to the NE LAP any controlled substance and prescription drugs used by or administered to me. This monthly report must be submitted if you have utilized a controlled substance or other prescription drugs. Failure to submit a monthly report indicates that you have not taken any controlled substance or prescription drugs during that month.

2. Abstain from the consumption of alcohol.
3. Notify the NE LAP Coordinator if I am hospitalized or must undergo any surgical procedures.
4. Report any changes of employment to the NE LAP Coordinator.
5. Complete aftercare at (Treatment Facility, City/Town/State) and to follow all continuing care recommendations.
6. Attend a minimum of two 12-step meetings each week and maintain a meeting attendance verification record. Submit the meeting verification record on a monthly basis.

7. Obtain a Twelve-Step program sponsor and utilize my sponsor at least weekly for assistance with working a healthy recovery program.
8. Contact the NE LAP Coordinator by telephone at least one time a month or more, if requested to provide progress updates.
9. Submit a quarterly report to the NE LAP Coordinator outlining my recovery and progress.
10. Cease the practice of my profession upon relapse and notify the NE LAP Coordinator immediately.
11. Arrange a timely return for a reassessment with the NE LAP Coordinator or affiliate provider designated by NE LAP if there are relapse or non-compliance issues.
12. Participate in the full duration of the NE LAP program, which is generally a minimum of one year, and understand extended involvement may be recommended.
13. Complete necessary authorizations to exchange information between NE LAP and my employer, treatment providers, and others as requested.
14. Comply with my treatment provider's, employer's or NE LAP's body fluid screen program.
15. Pay for the expenses incurred outside of NE LAP services which are my responsibility.

I have read, understand and agree to the above terms of the NE LAP Monitoring Agreement.

Licensee/Registrant/Certificate Holder

Date

NE LAP Coordinator/Witness

Date

Relapse Prevention Issues

The health care professional returning to work will face many re-entry stressors that may include:

- Practice/licensure restrictions
- Fear of rejection
- Colleague suspicions and mistrust
- Self-imposed stress caused by trying to make up for past mistakes

Stress in meeting recovery commitments (aftercare, counseling, and support group meetings)

The returning health care professional should retain a schedule that is as normal as possible. The treatment provider's recommendations for work schedule should be incorporated into the monitoring plan. With the additional demands on the health care professional's time, work schedules, when at all possible, should be restricted to a regular workweek consisting of no more than 40 hours.

MANDATORY REPORTING:

Mandatory reporting requirements were incorporated into the Uniform Licensing Law (ULL) in 1994 and apply to all professionals that were regulated by the former Bureau of Examining Boards of the Nebraska Department of Health at the time the legislation was passed. The regulations, 172 NAC 5 – Regulations Governing Mandatory Reporting by Health Care Professionals, Facilities, Peer and Professional Organizations, and Insurers, became effective May 8, 1995.

There are three specific requirements for reporting:

1. Reports must be made within 30 days of the occurrence/action;
2. Reports must be made when a person has first-hand knowledge of an occurrence;
3. Reports are confidential and persons making the reports are immune from criminal or civil liability, except for those who self-report.

All professionals must report persons who are practicing without a license. All professionals must report professionals of the same profession for:

1. Gross incompetence;
2. Patterns of negligent conduct;
3. Unprofessional conduct;
4. Practicing while impaired by alcohol/drugs or physical, mental or emotional disability;
5. Violations of other regulatory provisions of the profession.

All professions are to report professionals of a different profession for:

1. Gross incompetence;
2. Practicing while impaired by alcohol/drugs or physical, mental or emotional disability.

There are also requirements for self-reporting, for reporting by health facilities, peer review organizations, professional associations, insurers and courts.

All mandatory reports filed are reviewed by a screening committee to determine if an investigation will be conducted. All investigation reports are taken to the appropriate board for review and decision regarding disciplinary/non-disciplinary action.

COMMUNITY SUPPORT CONTACTS:

Nebraska Licensee Assistance Program800-851-2336
Center Pointe Professional Plaza
9239 West Center Road
Omaha NE 68124-1977

Alcoholics Anonymous (AA)888-226-3632

A1-Anon888-553-5033

Narcotics Anonymous (NA) Nebraska

McCook.....308-345-5839
Scottsbluff.....308-632-7603
Lincoln.....402-474-0405
Omaha.....402-978-3105

REFERENCES:

To Care Enough: Intervention with Chemically Dependent Colleagues; Crosby, Linda, and Bissell, LeClair. Johnson Institutes: Minneapolis, Minnesota - 1989.

I'll Quit Tomorrow; Johnson, V.E. Harper & Row: New York - 1973.

The Essentials of Chemical Dependency: Alcoholism and Other Drug Dependencies; McAuliffe, Robert M., and McAuliffe, Mary Boesen. The American Chemical Dependency Society: Minneapolis, Minnesota - 1975.

Physician's Recovery Network. (Complete reference source not available)

Chemical Dependency in Nursing: The Deadly Diversion; Sullivan, Eleanor, Bissell, L., and Williams, E. Addison-Wesley. Menlo Park, California - 1988.